

Title: Management Self-Assessment

Summary:

This instruction defines the revised process for self-assessments conducted by Los Alamos National Laboratory (LANL) managers pending the revision of [LIR 307-01-01, *Management Assessment Program*](#). This Instruction supersedes all procedures for management self-assessment contained within LIR 307-01-01. This instruction is effective upon issue with an implementation schedule as defined in Section 4.3.

Applicability:

This Instruction applies to managers of all LANL Directorates and Divisions. This Instruction applies to managers of centers, offices, and programs at the discretion of the responsible Deputy or Associate Directors.

Justification:

This Director's Instruction defines the process for a risk-based management self-assessment program that is compliant with regulatory drivers and contractual requirements. Implementing this Instruction will address internally- and externally-identified deficiencies in the LANL management self-assessment program.

Instruction:

1.0 Purpose and Scope

This instruction defines revised LANL procedures for management self-assessment pending the revision of [LIR 307-01-01, *Management Assessment Program*](#). This Instruction supersedes LIR 307-01-01 requirements pertaining to management self-assessment (in particular, Section 5.0, *Implementation Requirements*); other information in the LIR is still in force. Implementation of this Instruction fulfills, in part, the requirements of 10 CFR 830, *Nuclear Safety Management*, DOE-O-414.1, *Quality Assurance*, and other regulatory drivers and contractual requirements for management assessment.

2.0 Definitions

The following definitions apply to this Director's Instruction.

- **Assessment review period:** The period of time addressed by a management self-assessment report (e.g., the previous quarter or six months).
- **Finding:** An identified violation of a requirement.
- **Issue:** A matter of concern that is documented, analyzed, tracked, and corrected in accordance with [LIR 307-01-05, *Issues Management Program*](#).
- **Noteworthy practice:** A positive condition that is well beyond normal performance expectations or standard practices and is worthy of commendation and communication to others as a good example.

- **Performance period:** The period of time addressed by an organization's assessment plan, normally the fiscal year.
- **Substantive observation:** An observation that indicates fundamental deviation(s) from accepted or best practices which, when addressed, can be expected to result in marked improvement in performance or reduction of risk.

3.0 Responsibilities

3.1 Principal Deputy Laboratory Director

The Principal Deputy Laboratory Director:

- as chair of the Institutional Assurance Board, recommends self-assessment focus areas to the Director and the Director's Central Safety and Security Committee (DCSSC),
- holds subordinate managers accountable for addressing issues identified in management self-assessments, and
- provides feedback to the DCSSC.

3.2 Deputy and Associate Directors

Deputy and Associate Directors:

- communicate self-assessment focus areas to organizations within their chain of responsibility,
- review management self-assessment reports for organizations within their chain of responsibility,
- engage Nested Safety and Security Committees in self-assessment processes,
- hold subordinate managers accountable for addressing issues identified in management self-assessments, and
- provide feedback to the DCSSC.

3.3 Division Leaders (and Center, Office, and Program Directors as applicable)

Division leaders (and division, center, office, and program directors as applicable):

- approve organization-specific assessment plans,
- conduct quarterly or semi-annual management self-assessments in accordance with approved assessment plans,
- involve subordinate managers and team leaders in management self-assessments,
- prepare formal management self-assessment reports and submit them to the responsible Deputy or Associate Directors,
- submit a copy of management self-assessment reports to the Performance Surety Division's Operational Assurance Group (PS-7; formerly the Occurrence Investigation Group), for institutional trending,
- engage Nested Safety and Security Committees in self-assessment processes, and
- manage issues identified in self-assessments through the development and implementation of formal corrective action plans in accordance with the requirements of [LIR 307-01-05, Issues Management Program](#).

3.4 Performance Surety (PS) Division

The Performance Surety (PS) Division:

- maintains the LANL management assessment program, including this Instruction,

- compiles key performance indicators for the DCSSC and makes this information available to LANL organizations for their use in conducting management self-assessments,
- serves as an institutional resource to assist LANL organizations in implementing this Instruction,
- reviews management self-assessments for trending and analysis purposes,
- provides copies of management self-assessments to functional managers, and
- provides feedback to the DCSSC.

4.0 Instruction

4.1 General

The managers to whom this Instruction applies must conduct management self-assessments, report the results of those assessments to the responsible Deputy or Associate Director, and manage identified issues to closure. Line managers and team leaders must be directly involved in self-assessments and workers must participate (e.g., through Nested Safety and Security Committees). Managers may tailor the rigor and frequency of self-assessments to meet operational needs commensurate with the level of risk presented by an organization's activities (see Section 4.3, below) but must address the following over the course of the annual performance period:

- focus areas defined by the DCSSC when applicable,
- focus areas defined by the responsible Deputy or Associate Director when applicable,
- relevant Appendix F operations performance measures (for FY05, see [Appendix F Objective 8](#) and the corresponding Implementation Guidelines (available to LANL managers through the [My LANL](#) web portal or contact the Prime Contract Office at 7-1101 or the Performance Surety Division at 5-5550),
- areas of concern identified in previous assessments (e.g., resumption management self-assessments and/or LANL readiness reviews, other self-assessments, independent or external assessments, etc.),
- areas of concern identified in event investigations (occurrence, accident, or incident), and
- effectiveness of a representative sample of corrective actions implemented to address issues identified in previous assessments or event investigations.

Refer to [LIR 307-01-01, Management Assessment Program](#), for supporting information on conducting management self-assessments.

4.2 Assessment Plans

The responsible managers to whom this Instruction applies must prepare an annual assessment plan for a review period that coincides with the fiscal year. An example self-assessment plan template is provided in Attachment 1 of this Instruction. Assessment plans for FY05 must be prepared within 30 days of the issue date of this instruction. Assessment plans for subsequent fiscal years must be revised as necessary by October 31 of each year.

Assessment plans must address the following elements:

Assessment Plan Element	Description
<ul style="list-style-type: none"> ▪ Assessment Scope 	Identify the area(s) to be assessed (see Section 4.1 and refer to LIR 307-01-01, Management Assessment Program, Attachment

[A](#), for examples). Revision of an assessment plan may be documented by appending a memorandum from the responsible line manager in lieu of formal revision of the assessment plan.

- **Criteria** Identify the criteria to be used in the assessment. Examples of assessment criteria include assessment-specific criteria, approach, and requirements documents (CRADs); [management walk-around cards](#); LANL requirements documents; contractual requirements; and regulatory drivers.
- **Responsibilities** Identify the line manager(s) responsible for the self-assessments or portions thereof.
- **Schedule** Identify the fiscal year and quarter in which the self-assessment will be conducted.
- **Justification and Approach** Define the basis for the selection area to be assessed and the approach to be used to conduct the self-assessment. Describe the types of performance data and supporting documentation that will be used for the self-assessment. Examples of performance data include, but are not limited to:
 - institutional key performance indicators,
 - organization-specific performance indicators,
 - management walk-arounds,
 - *Occurrence Reporting and Processing System (ORPS)* reports or sub-reportable incident statistics (i.e., “sub-ORPS reports”),
 - readiness assessments, and
 - internal and external assessments.

4.3 Self-Assessment Schedule and Frequency

The self-assessment process defined in this Instruction builds upon management self-assessments and related activities conducted as part of the resumption process (see [DI 04-018, Resumption Process, Risk Levels 2 & 3 Work](#)). As such, the first assessment review period is April 1, 2005, through September 30, 2005. Thereafter, self-assessments must be conducted on a quarterly or semi-annual basis as a function of facility hazard categorization (see [LIR 300-00-05, Facility Hazard Categorization](#)) and as summarized below.

Facility Hazard Categorization

- Radiological, nuclear, and moderate- or high-hazard non-nuclear facilities:
- All other facilities:

Schedule and Frequency

The first assessment report must address the review period from April 1, 2005, through September 30, 2005. Assessments must be conducted quarterly thereafter.

The first assessment report must address the review period from April 1, 2005, through September 30, 2005. Assessments must be conducted semi-annually thereafter.

4.4 Assessment Reports

The responsible line managers for organizations required to conduct self-assessments must submit a formal management self-assessment report to the responsible Deputy or Associate Directors within 30 calendar days of the assessment review period end-date. A copy of the report must be submitted at the same time to PS-7 for trending and analysis purposes. A self-assessment report template is provided in Attachment 2 of this Instruction.

5.0 Training and Qualification

Self-assessment reports must document the qualifications of those leading and/or conducting self-assessments. Completion of any one of the courses listed below provides those leading and/or conducting self-assessments the necessary qualifications to do so.

- LANL Safety Training Observation Program (STOP™; courses #34008–34016)
- Behavioral Observation Process for Managers and Supervisors (course #22387)
- Readiness Review Coordinator Training (course #25258)
- Safety Walk-around Process (course #30670)
- Readiness Assessment Training for LANL Resumption (course #31504)

In some cases, non-LANL courses and/or experience can substitute for formal LANL courses. Contact the PS-7 Operational Assurance Group at 5-0033 for additional information.

6.0 Implementation Schedule

Managers must implement this Instruction as follows:

Requirement	Implementation Date
▪ Develop assessment plans (Section 4.2)	Within 30 calendar days of the issue date of this instruction.
▪ Completion of management self-assessments (Section 4.3)	At the close of the quarterly or semi-annual assessment review period.
▪ Submission of management self-assessment reports to the responsible Deputy or Associate Director (Section 4.3)	Within 30 calendar days of the end of each assessment review period.

7.0 Records

Records associated with management self-assessments include assessment plans, reports, performance data, and supporting documentation. Responsible managers must maintain these records in accordance with applicable retention schedules. Contact your records manager or Information Management Division, Information Records and Media Services (IM-9), 667-5330, for assistance.

8.0 Attachments

1. Example annual assessment plan template
2. Example self-assessment report template

Contact: Performance Surety Division, C347, 665-5550

Reviewed by the Policy Office	Signature	Date
Name R.Wayne Tirey for M.Diana Webb	Signature on File	03/24/05

Issued by the Director	Signature	Date
George P. Nanos	Signature on File	03/28/05

This instruction will remain in effect until this information is included in the relevant implementing document or otherwise rescinded.

Annual Self-Assessment Plan Example

FY05 Management Self-Assessment Plan for: _____ (division name)

Assessment Scope	Criteria	Quarter Scheduled	Responsible Manager(s)	Justification and Approach
Corrective action effectiveness for Resumption	MSA CRAD numbers 1.04-01 through 1.04-06	3 rd Quarter	[name(s)]	DI-05-001 requires the validation for effectiveness of corrective actions identified as the result of resumption activities. This assessment will determine if the Hydro team's understanding of roles and responsibilities are adequate after implementation of corrective actions. Data for the assessment will be obtained through review of walk-around and occurrence reports and interviews of personnel.
Implementation of quality assurance requirements for records management and document control	LANL Quality Assurance Plan, Criterion 4	3 rd Quarter	[name(s)]	A review of issues identified in the institutional issues management tracking system revealed an increasing negative trend in records management and document control issues. The assessment team will review division procedures for adequacy and the implementation of those procedures at the group level.
Training and qualification of personnel	LIR 300-00-04	4 th Quarter	[name(s)]	A review of a sample population of personnel revealed inadequacies in the number of developed and completed training plans. This assessment will provide management with opportunities for improvement in training and qualification compliance. Line managers and team leaders will be interviewed to determine their understanding of training requirements and training records will be reviewed in each group.
Integrated Work Management Implementation	IMP 300-00-00	4 th Quarter	[name(s)]	Review the implementation of IMP 300-00-00, Integrated Work Management for Work Activities for selected activities in each of the division's groups. The focus of the assessment will be on hazard identification, implementation of identified controls, and worker knowledge of IWDs. The assessment team will review IWDs and interview group managers and workers.

Approved by:

 Division Leader Signature & Date

**(Division Name) Self-Assessment Report
for
3rd Quarter, FY05**

I. Executive Summary

Describe the purpose and conclusions of the self-assessment.

II. Introduction

Identify the focus areas for the self-assessment, the basis for their selection, and the approach used in the assessment (including assessment criteria). Identify the individuals conducting the self-assessment. Elaborate on any deviations from the annual self-assessment plan (e.g., addition or deletion of focus areas or other changes in scope, modification of approach, changes to organizations assessed, etc.).

III. Assessment Results**A. Summary**

Provide a general summary of the self-assessment in terms of the degree to which the organization has met performance expectations for the self-assessment focus areas.

B. Noteworthy Practices

Identify noteworthy practices, particularly those that might be of interest to other organizations.

C. Findings

For each assessment focus area, list identified findings as follows:

- *Finding #: Describe the finding*
 - *Requirements: briefly identify the relevant requirements and expectations*
 - *Discussion: describe the facts supporting the finding*
 - *Reportability: identify whether the finding must be evaluated for reporting through the Occurrence Reporting and Processing System (ORPS) or to the Price-Anderson Amendments Act (PAAA) Program Office*
 - *Recommendations: propose actions to address the finding and identify the individual(s) responsible for development of the corrective action plan in accordance with the requirements of [LIR 307-01-05, Issues Management Program](#).*

IV. Conclusions**A. Issues**

Identify issues derived from the findings. Define the schedule for the development of corrective action plans to address the issues and identify the line manager(s) responsible for doing so. Determine whether compensatory actions are necessary pending implementation of corrective actions. Identify those issues for which corrective action effectiveness should be assessed in future self-assessments.

B. Lessons Learned

Identify lessons learned in the self-assessment and describe how those lessons will be communicated and implemented.

V. Attachments

Attach supporting information and documentation to the self-assessment report. Examples include:

- *annual self-assessment plan*
- *list of persons contacted*
- *list of documents reviewed*
- *performance criteria*
- *objective evidence as appropriate*
- *assessor training and qualification*